

FILED
AUG 18 2008
RICHARD D. WELKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name Rhine John S
(Last) (First) (Initial)

Prisoner Number AT 57501-9 ATASKADERU STATE HOSPITAL

Institutional Address P.O. Box 7001 ATASKADERU STATE HOSPITAL
CA 93423-7001

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

John S Rhine
(Enter the full name of plaintiff in this action.)

vs.

WARDEN - CRC
WARDEN - CMC
hosp Admin, A.S.H.
STATE mental evaluators
(Enter the full name of the defendant(s) in this action.)

08 3936

Case No. _____
(To be provided by the Clerk of Court)

COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983

E-filing

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement ASH

B. Is there a grievance procedure in this institution?

YES (X) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (X) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

COMPLAINT

- 1 1. Informal appeal most Duplacates never 074441
 2 returned APPELL on ADA ISSUE and #070441
 3 Drug Treatment, mental Health program
 4 2. First formal level RECEIVED Beating and EOP
 5 medical Transfer to SMC proclaimed
 6 Haveing mental Problems for failure to comply
 7 3. Second formal level never received ANY Back
 8 in cluding Duplacates or ones sent
 9 By Attorney mike Bien
 10 4. Third formal level Parent Advocate at HSH
 11 for same Condoned mental Health
 12 problems as the other inmates gang activities

13 E. Is the last level to which you appealed the highest level of appeal available to
 14 you?

15 YES (X) NO ()

16 F. If you did not present your claim for review through the grievance procedure,
 17 explain why. _____
 18 _____
 19 _____

20 II. Parties.

21 A. Write your name and your present address. Do the same for additional plaintiffs,
 22 if any.

23 John S Rhine
 24 Unit 3 - A757501-9
 25 ATaskadero St hosp San Luis obispo

26 B. Write the full name of each defendant, his or her official position, and his or her
 27 place of employment.

28 Unknown

1 Un Known

2 Un Known

3 Un Known

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each
7 defendant is involved and to include dates, when possible. Do not give any legal arguments or
8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
9 separate numbered paragraph.

10 I Had whrote 2 18245 on ADA special program
11 Requesting ADA on my Back, neck for
12 Job-workout program Harrasment free and one
13 for Special mental Health treatment
14 Because of the problems in the Drug
15 treatment and Reabalation program
16 Because of Inmate no Intent to
17 Reabalate in prison or Out Due to
18 2 news Paper articles one on EORC Drug
19 program Failure and Rehabilitation-Recidivism
20 Failure I Was Beaten up and a
21 ConJured Trip with the Same problem to CMC
22 and then a Plagerized Con Job at ASH

23 IV. Relief.

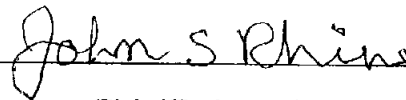
24 Your complaint cannot go forward unless you request specific relief. State briefly exactly
25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I ASK the Court To Release me
27 from ASH To normal Parole I should
28 HAVE GOT Before I Get InJured or Killed
Be Gause of GAN/C-Program Drug Intent

1 AS I Am willing To Participate in a
2 Drug, Mental Health and Voc Training
3 programs

4
5 I declare under penalty of perjury that the foregoing is true and correct.

6
7 Signed this 30 day of June, 2008

8
9 

10 (Plaintiff's signature)

WE MAY BE ABLE TO HELP YOU IF YOU HAVE A COMPLAINT ABOUT:

- **Medical care.** We represent all California prisoners with medical care issues in the federal civil rights class action lawsuit known as the *Plata* case. In that case we take many actions to try to improve prisoners' medical care. Under procedures established in that case, we can sometimes raise individual inmate-patient concerns to prison officials.
- **Discrimination against prisoners or parolees with disabilities.** We represent all California prisoners and parolees with mobility, hearing, vision, kidney and learning disabilities in the class action lawsuit known as the *Armstrong* case.
- **Discrimination against prisoners with developmental disabilities.** We represent all California prisoners with developmental disabilities under the *Clark* case.
- **Access to mental health treatment.** We represent all California prisoners who have "a major mental illness" under the class action lawsuit known as the *Coleman* case.
- **Denial of parole to prisoners with indeterminate life sentences (lifers).**
- **Denial or delay of parole hearings to prisoners with indeterminate life sentences.** Under the class action case known as *Rutherford*, we advocate for timely parole hearings.
- **Delays and due process violations in the parole revocation process.** Under a class action known as *Valdivia*, we work to ensure that parolees receive due process in revocation proceedings.
- **Excessive force in Pelican Bay State Prison.** We represent all Pelican Bay prisoners under the *Madrid* case. Under *Madrid*, we also respond to **complaints about medical care in Pelican Bay.**
- **Conditions of confinement in juvenile facilities and detention centers.** Under the *Farrell* case, we are forcing the Division of Juvenile Justice (formerly the California Youth Authority, or CYA) to improve conditions in state juvenile facilities. As part of ongoing investigations of California county juvenile halls, we would like to hear about any recent experiences.
- **Unavailability of books and materials in the California prison law libraries.** The *Gilmore* case is a 35-year old settlement which requires the CDCR to provide prisoners with access to law libraries.
- **Conditions of confinement in San Quentin's Death Row.** Under the *Lancaster* case (formerly known as *Thompson*), we work to ensure that conditions for condemned prisoners in San Quentin comply with a Court-ordered Consent Decree.

revised 7/17/07



PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964-0001
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www.prisonlaw.com

Director:
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WHO WE ARE:

We are lawyers who represent California prisoners and parolees and Division of Juvenile Justice (formerly CYA) youth in lawsuits involving conditions of confinement. We do not work for or within the prison system, and for this reason, it is always better to try to resolve your concerns through the administrative appeals processes (602 and 1824 forms) before writing to us.

We receive up to 200 letters from prisoners, parolees, and their families every day. We read every letter that we receive and try to answer every letter as soon as we can. If we cannot take the case, or help in some other way, we send any self-help and informational material we have that might be helpful.

Even if you write to us with a complaint that falls under one of the class action lawsuits this office has brought (described below), we may not be able to help you. In addition, we always ask you to exhaust the administrative appeals process whenever possible.

WE CANNOT HELP YOU IF:

- You wish to pursue a criminal appeal.
- You are seeking representation or referrals for state or federal habeas corpus proceedings. On rare occasions, we represent life prisoners in parole cases.
- You are seeking representation or assistance with an individual lawsuit for money damages; we only provide basic self-help materials.
- You are seeking assistance with divorce, child custody or child support cases.
- You are seeking individual legal advice; we only send basic self-help handouts.
- You want a print-out of case law or internet resources.
- You would like us to send mail to third parties.
- You are having difficulties with the California county jails, the federal prison system, or prison systems in states other than California.

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associate will be placed in a security housing unit (SHU) for an indeterminate term. Section 3341.5(c)(2)(A). Indeterminate SHU placement has survived court challenges. *Madrid*, 889 F. Supp. at 1261; *Toussaint v. Yockey*, 722 F.2d 1490, 1494 n.6 (9th Cir. 1984).

Prisoners serving an indeterminate SHU term must be reviewed every 180 days for consideration of release. Section 3341.5(c)(2)(A). A prisoner is entitled to certain due process rights at these classification reviews: advanced written notice, physical presence and an opportunity to be heard, ability to present documentary evidence, and a limited right to a staff assistant.¹ *Wolff v. McDonnell*, 418 U.S. 539, 563-570 (1974); *Toussaint v. McCarthy* 801 F.2d 1080 (9th Cir. 1986), *cert denied*, 481 U.S. 1069 (1987). No investigative employee is assigned for these periodic classification committee reviews. Section 3341.5 (c)(2)(A).

III. Debriefing Process: Section 3378.1

By completing the debriefing process, a gang member or associate can be validated as a prison gang dropout and released from SHU. The debriefing process is begun upon the inmate's request, although a staff member may ask the inmate if he or she would like to debrief. Section 3378.1(a). The purpose of this process is to provide prison staff with information about the gang and its members and associates. Section 3378.1(b).

Debriefing does not require the prisoner to waive his or her Fifth Amendment privilege against self-incrimination. Section 3378.2. The prisoner may terminate the debriefing process at any time, and the prisoner's choice not to incriminate him or herself may not affect the determination of whether the prisoner successfully debriefed. *Id.* If at any time the prisoner makes a self-incriminating statement, the investigator must stop questioning, advise the prisoner of his or her right not to answer, and then be sure the prisoner wants to go on before continuing with that line of questioning. *Id.*

The investigator will conclude the debriefing process when he or she believes that the prisoner has revealed enough information to signify gang dropout status. Section 3378.1(b). After debriefing, the prisoner must spend an observation period in the SHU with other inmates going through debriefing. Section 3378.1©. This period can last up to 12 months. *Id.*

After completing the debriefing process, the inmate will be placed in a facility consistent with his or her safety needs and classification score. Section 3378.1(d). However, a transfer out of the SHU, like other transfers in the CDC, requires an endorsement by a classification staff representative (CSR), which can take several months. See Section 3379(a)(1).

IV. "Inactive" Gang Status: Section 3378

An inmate may choose not to go through the debriefing process. In that case, it is possible for the inmate to be recognized by prison officials as an "inactive" gang affiliate after a specified period of time, depending on where he or she is housed.

¹ Section 3315(d)(2)(A) provides that an inmate shall be assigned a staff assistant if the inmate is illiterate or non-English speaking, if the issues are complex, or if the nature of the need for assistance requires a confidential relationship.

A prison gang affiliate in the general population may be eligible for inactive status if he or she has no verified gang activity for a **minimum of two years**. Section 3378(d). This change in status must be verified by the assistant director or designee of the LEIU and placed in the inmate's central file. *Id.* The classification committee must review this determination. *Id.*

A prison gang affiliate in the SHU may be considered for review of inactive status by the Departmental Review Board (DRB) after a **minimum of six years** with no identified involvement in gang activity. Section 3378(e). Again, verification of inactive status must be approved by the assistant director of the LEIU and the approval or rejection must be placed in the inmate's central file. *Id.* An inmate determined to be an inactive gang affiliate will be transferred to the general population of a Level IV facility for an observation period not to exceed twelve months. 3341.5(c)(5). After completion of this observation period, the prisoner should be transferred to a facility consistent with his or her safety needs or, if there are no specific safety needs, to a facility consistent with his or her classification score. *Id.* The DRB can, however, retain an inactive gang affiliate in the SHU "based on the inmate's past or present level of influence in the gang, history of misconduct, history of criminal activity, or other factors indicating that the inmate poses a threat to other inmates or institutional security." *Id.*

The CDC may return an inactive gang affiliate to the SHU based upon one reliable source item identifying the inmate as an active gang member or associate. Sections 3341.5(c)(6) and 3378(f)(1). This source item must, however, be based on information developed *after* the inmate's release from the SHU. *Id.*

V. Parolees Returned to Custody: Section 3341.5(c)(8)

When an inmate is paroled while serving a determinate SHU term, the remaining time of the SHU term is suspended. If the parolee is returned to prison for any reason, the Institutional Classification Committee will evaluate the case to determine whether the inmate should serve the remainder of his or her suspended SHU term. If the SHU term is reinstated, the inmate will only have to serve in the SHU the portion of the SHU term that remained at the time of parole.

The rules do not address the situation in which a prisoner is paroled while serving an indeterminate SHU term and is later returned to prison. It is likely that such a prisoner would also be returned to SHU, unless the classification committee determines that SHU placement is no longer appropriate.

VI. Challenges to and Judicial Review of Gang Validation

The courts tend to give high regard to prison officials in their classification decisions. As discussed above, for prison gang validations, prison officials need only have "some evidence" which must have "some indicia of reliability" to support the gang affiliation determination. *Madrid v. Gomez*, 889 F. Supp. at 1273. "An inmate may not be confined to the SHU for gang affiliation unless the record contains some factual information from which the IGI and classification committee can reasonably conclude that the information was reliable." *Id.* at 1274; see also *Superintendent, Massachusetts Correctional Institution v. Hill*, 472 U.S. 445, 455 (1985); *Cato v. Rushen*, 824 F.2d at 705; *Zimmerlee v. Keeney*, 831 F.2d 183, 186.

Clinical Pharmacology

Page 4 of 4

anticonvulsant therapy is often continued despite potential fetal risks.

Multi-organ hypersensitivity reactions manifested as fever and rash (unspecified) associated with other organ system involvement have been rarely reported with valproate use (see Contraindications). These reactions have been reported in close temporal association to the initiation of valproate therapy in adult and pediatric patients (median time to onset 21 day range 1–40 days). Although there have been a limited number of reports, in some of these cases resulted in hospitalization and at least one death. Other associated adverse effects may include lymphadenopathy, hepatitis, liver function test abnormalities, hematologic abnormalities (e.g., eosinophilia, thrombocytopenia, neutropenia), pruritus, glomerulonephritis or interstitial nephritis, oliguria, hepato-renal syndrome, arthralgia, and asthenia. Because this disorder is variable in its expression, other organ system adverse effects may occur. If this reaction is suspected, valproate should be discontinued and an alternative therapy should be started. Cross sensitivity with other drugs that produce this syndrome is unclear. It may be possible.[8961]

Revision Date: 4/9/2007 10:49:00 PM

References

959. Gaskins JD, Holt RJ, Postelnick M. Nondosage-dependent valproic acid-induced hyperammonemia and coma. Clin Pharm 1984;3:313–6.
960. Wilder BJ, et al. Gastrointestinal tolerance of divalproex sodium. Neurology 1983;33:808–11.
961. Mattson RH, Cramer JA, Collins JF. A comparison of valproate with carbamazepine for the treatment of complex partial seizures and secondarily generalized tonic-clonic seizures in adults. N Engl J Med 1992;327:765–71.
962. Isojarvi JIT, Laatikainen TJ, Pakarinen AJ, et al. Polycystic ovaries and hyperandrogenism in women taking valproate for epilepsy. N Engl J Med 1993;329:1383–8.
3553. Holmes LB, Harvey EA, Coull BA, et al. The teratogenicity of anticonvulsant drugs. N Engl J Med 2001;344:1132–9.

Government Claims Program Fee Waiver Request Packet

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov



Information and Instructions

Filing Fee for Government Claims Program

Beginning August 17, 2004, anyone wishing to file a government claim for money or damages against the state must pay a \$25 filing fee unless the person qualifies for a fee waiver. (Gov. Code, § 905.2(b).)

To request a fee waiver, you must fill out the attached
Affidavit for Waiver of Government Claims Filing Fee and Financial Information Form.

Step *Instructions for filling out each step on the attached form. The form begins on page 3 of this packet.*

- 1** On the attached form, provide the full name of the person requesting the fee waiver.
- 2** Provide a daytime telephone number.
- 3** If you already have a claim number and you know what it is, write it in this space.
- 4** Provide complete contact information for your employer and your spouse's employer, if applicable.
- 5** If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, provide your Inmate Identification Number, and skip to steps **23** and **24** and complete them.
- 6** Complete this section if you are receiving financial assistance under Supplemental Security Income (SSI), State Supplemental Payments Programs (SSPP), CalWORKS, food stamps, county relief, general relief (GR) or general assistance (GA).
If you answered **yes** in this category check all types of assistance you get, then complete step **24**. You are finished.
If you checked **no**, continue to step **7**.
- 7** Find the number of people in your household and check the box **only** if your total monthly household income is less than the amount shown. For instance, if there are five people in your household and the total monthly household income is less than \$2,294.79 or less check **E**. If there are more than 8 people in your household, calculate the income limit by adding \$331.25 for each additional person to the income level for an eight-person household. List the number of people in your household and total household income in **I**.
If you checked any box in this step, complete steps **9** through **15** then skip to step **24**.
- 8** If you cannot pay for the common items needed for daily life, such as food, shelter, medical care and personal safety for you and your household members, check **yes** in this category.

If you check **yes** to this question, fill in steps **9** through **24**.

- 9 What is your gross monthly pay, before any payroll deductions?
- 10 If your income changes each month, the amounts you report should be an average for the past twelve months.
- 11 Enter the number of persons living in your home who depend on you in whole or in part for support, or on whom you depend in whole or in part for support. List their name, age, relationship to you, and their monthly income in A through F.
- 12 List all other money you get each month. Specify the source and amount. Include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, workers' compensation, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings.
- 13 Add 12 A through F to find your **total other income** each month.
- 14 Add 9 (your gross monthly income) plus 13 (your total other income) to find your **total monthly income**.
- 15 Add 9 (your gross monthly income), plus 11 A through F (other household members' income) and 13 (your total other income) to find your **total gross monthly household income**.
- 16 List all your payroll deductions. Payroll deductions include items like state and federal taxes, social security (FICA), Medicare, health insurance and retirement contributions
- 17 Add 16 A through H to determine your **total monthly payroll deductions**.
- 18 Subtract 17 (total payroll deductions) from 9 (gross monthly pay) to find your **take home pay**.
- 19 Add 18 (your take home pay) to 13 (your total other income) to find your **net monthly income**.
- 20 List all the property you own or have an interest in. If you have other personal property such as jewelry, furniture, furs, stocks, or bonds, list them separately on another piece of paper.
- 21 List all your monthly expenses. Use additional paper if needed. In J specify what your installment payments are for, such as a credit card or bank loan. In K specify what the wage assignment, earnings withholding, or garnishment is for.
- 22 Add 21 A through M to determine your **monthly expenses**.
- 23 If you answer yes to this question, make sure that your name or your claim number is on each sheet you attach.
- 24 Sign and date the form in this space.

Mail this form to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Sacramento. Call the Government Claims Program at 1-800-955-0045 if you have any questions.

Date: 7-13-07

Return to:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights - NYAV
Washington, D.C. 20530

last updated April 29, 2005

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA MENS COLONY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 02, 2007 THRU NOV. 05, 2007

ACCOUNT NUMBER : F25840

NOV 18 2007

WED/CELL NUMBER: EFDQB8F1000081895

ACCOUNT NAME : RHINE, JOHN SIDNEY

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
10/02/2007		BEGINNING BALANCE					67.50
10/11	FC01	DRAW-FAC 1	CE2			67.50	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
67.50	0.00	67.50	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

**CALIFORNIA DEPARTMENT OF MENTAL HEALTH
DMH WELLNESS AND RECOVERY PLAN**

INDIVIDUAL'S NAME: LAVANDEROS, FRANCISCO

CASE NUMBER: 057227-1

CONFERENCE DATE: 9/13/2007

FINALIZED DATE: 9/13/2007

FREQUENCY TYPE: 7-Day Transfer

DIAGNOSIS: (Begin with principal diagnosis if the individual has multiple Axis I or Axis II diagnoses).

Axis: I	298.9	P	PSYCHOTIC DISORDER NOS	Diagnosis Date: 8/24/2007
Axis: I	298.9	P	PSYCHOTIC DISORDER NOS	Diagnosis Date: 8/24/2007
Axis: I	292.11		DRUG-INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS <i>Not otherwise Specified</i>	Diagnosis Date: 8/24/2007
Axis: I	312.33		PYROMANIA ← <i>PYROMANIA</i>	Diagnosis Date: 8/24/2007
Axis: I	304.40		AMPHETAMINE DEPENDENCE	Diagnosis Date: 8/24/2007
Axis: I	304.30		CANNABIS DEPENDENCE	Diagnosis Date: 8/24/2007
Axis: II	799.9		DIAGNOSIS DEFERRED	Diagnosis Date: 8/24/2007
Axis: V			GAF: 51	Quarterly GAF: 0

COPY

LEGAL STATUS: (Begin with primary legal status if the Individual has multiple legal statuses).

Code	Description	Effective Date	End Date
PC2962	PAROLEE FROM CORR. - CONDITION OF PAROLE	8/23/2007	8/23/2010

CASE FORMULATION: (Succinct analysis and integration of interdisciplinary assessments, including strengths and risk evaluation, which provides an understanding of the individual's situation, treatment and recovery needs).

Pertinent History**Personal History**

Mr. Francisco Lavanderos is a 25 year old (DOB: 12/5/81) single, Mexican, Christian male admitted to Atascadero State Hospital on 8/24/07 from California Correctional Institution (CCI) pursuant to PC 2962, Mentally Disordered Offender. He was born and raised by both parents in Mexico. At the age of four his family moved to California. As far as education goes, Mr. Lavanderos reports that he repeated the 3rd grade, and dropped out of school during the 11th grade. He has not received a high school diploma or a GED. This individual reports that he has worked in restaurants washing dishes, being a cook, and also construction work. He reports that he has never received supplemental security income or SSDI. He has never married and has no children.

DMH WELLNESS AND RECOVERY PLAN

Atascadero State Hospital

Page 1 of 16

Confidential Patient Information
See W&I Code Section 5328
Filing Guidelines - Current WRP

See the current WRP Manual for additional information regarding this form.

ADDRESSOGRAPH

WRP Status: FINAL

NAME: LAVANDEROS, FRANCISCO
INDIVIDUAL ID: 0572271-1
PROGRAM: IV UNIT: 3

Once validated, it is difficult—but not impossible—to successfully challenge the validation in court. Any prisoner desiring to file a petition for writ of habeas corpus challenging his or her gang validation must first exhaust administrative remedies. *In re Strick*, 148 Cal. App. 3d 906, 911, 196 Cal. Rptr. 293 (1983). In other words, the prisoner must file and pursue an administrative appeal (CDC Form 602) all the way through Third (Director's) Level Review. A court generally will not consider a petition for writ of habeas corpus until after a prisoner's 602 has been denied at the Director's Level. For this reason, any prisoner who wishes to challenge his or her gang validation should file a 602 first. The Prison Law Office has a manual to use for filing state petitions for writs of habeas corpus, available free of charge on request.

We hope that this information is useful to you.

Sincerely,

Prison Law Office

Gang Validation and Debriefing
Rev 7/01

Present Status**Cultural**

He states he is Christian but does not attend any services or is involved with any religious groups.

Present Status**Functional**

Mr. Lavanderos is able to follow ward routine with minimal prompting. His ADL's are adequate. He socializes with select peers and utilizes courtyard breaks. He has been attending group activities and will be recommended for a PAS II Level.

Present Status**Barrier to Discharge**

Mr. Lavanderos must meet MDO criteria or be accepted to CONREP in order to be released

Present Status**Behavioral Guidelines / PBS Plan**

He is not on any behavioral plans

Present Status**By Choice**

Mr. Lavanderos is participating in the By-Choice program.

Present Status**MOSES**

Not applicable at this time

LIFE GOALS:

(In the Individual's own words, include statements of dreams, hopes, aspirations, role functions and vision of life).

"Get a well paying job and get an appointment"

DISCHARGE CRITERIA FOR ANTICIPATED PLACEMENT:

(Specific observable, behavioral, or measurable criteria for discharge).

For Mr. Lavanderos to be safely released from the hospital he would need to be decertified by the judicial process as not meeting the 6 MDO Criteria, or be accepted to CONREP.

According to CONREP, Mr. Lavanderos will need to meet the following goals before being referred for outpatient treatment.

1. Maintain a period of 6 months psychiatric and behavioral stability
2. Remain free of physical and verbal assaults or threats for a period of 6 months
3. Remain treatment and medication adherent
4. Acknowledge the presence of a mental illness and/or demonstrate an understanding of the need for treatment, including psychotropic medications. Be able to discuss several warning signs of decompensation
5. Complete amphetamine and cannabis dependence treatment program and aftercare. Maintain regular attendance at AA/NA
6. Complete an anger management group and demonstrate the ability to contain anger by completing criteria #2
7. Develop and discuss a detailed and realistic Wellness & Recovery Action Plan (WRAP) that addresses his potential warning signs and all important factors related to the crime

DMH WELLNESS AND RECOVERY PLAN
Atascadero State Hospital

Page 3 of 16

Confidential Patient Information
 See W&I Code Section 5328
 Filing Guidelines - Current WRP

See the current WRP Manual for additional information regarding this form.

ADDRESSOGRAPH
WRP Status: FINAL

NAME: LAVANDEROS, FRANCISCO
INDIVIDUAL ID: 0572271-1
PROGRAM: IV **UNIT:** 3

Mr. Woodruff enjoys working out with weights and other gym equipment. "I gained 50lbs and need to work out and get in better shape"

OBJECTIVES:	<i>(Describe the specific changes expected, in terms of the individual's behavior, in measurable and behavioral terms. Include the target date for completion for each objective and the method used to measure progress).</i>			
OBJ #	OBJECTIVE DESCRIPTION	STAGE	STATUS	TARGET DATE
10.2.1	Mr. Woodruff will attend physical wellness gym group where he can have access to exercise equipment available in the ASH gym.	00 - No Specific Stage	Not Met	5/1/2008
INTERVENTIONS:	<i>(Describe the clinical activity/treatment modality/therapeutic milieu activity, the provider of the care and where and when the intervention will take place. For each intervention, state at least 1 (one) strength the individual has that will be used by the service provider to help the individual achieve the specific objective.)</i>			
INT #	INTERVENTION DESCRIPTION	ACTIVE TX	DISC. REASON	DISC. DATE
10.2.1.1	Physical Wellness/Exercise group will be offered to Mr. Woodruff on Mondays from 9:00 - 9:50am by Earl Smith and on Wednesdays from 9:00 - 9:50am by Jonathan Shelley who will utilize Mr. Woodruffs desire to work out on gym exercise equipment in an effort to increase his cardiovascular fitness and to lose weight.	<input checked="" type="checkbox"/>		
INTERVENTIONS:	<i>(Describe the clinical activity/treatment modality/therapeutic milieu activity, the provider of the care and where and when the intervention will take place. For each intervention, state at least 1 (one) strength the individual has that will be used by the service provider to help the individual achieve the specific objective.)</i>			
INT #	INTERVENTION DESCRIPTION	ACTIVE TX	DISC. REASON	DISC. DATE
10.2.1.2	Unit 3 staff will encourage Mr. woodruff to attend physical wellness group and explain the benefits of exercise	<input type="checkbox"/>		

DMH WELLNESS AND RECOVERY PLAN

Atascadero State Hospital

Page 20 of 21

Confidential Patient Information
See W&I Code Section 5328
Filing Guidelines - Current WRP

ADDRESSOGRAPH

WRP Status: FINAL

NAME: WOODRUFF, DEANDRE
INDIVIDUAL ID: 057001-0
PROGRAM: IV **UNIT:** 3

Mr. Woodruff will benefit from group based recreational activities.

OBJECTIVES:	<i>(Describe the specific changes expected, in terms of the individual's behavior, in measurable and behavioral terms. Include the target date for completion for each objective and the method used to measure progress).</i>			
OBJ #	OBJECTIVE DESCRIPTION	STAGE	STATUS	TARGET DATE
10.1.1	Mr. Woodruff will demonstrate an ability to interact with peers in structured activities, AEB RT ID notes.	00 - No Specific Stage	Partially Met	5/1/2008
INTERVENTIONS:	<i>(Describe the clinical activity/treatment modality/therapeutic milieu activity, the provider of the care and where and when the intervention will take place. For each intervention, state at least 1 (one) strength the individual has that will be used by the service provider to help the individual achieve the specific objective.)</i>			
INT #	INTERVENTION DESCRIPTION	ACTIVE TX	DISC. REASON	DISC. DATE
10.1.1.1	Mr. Woodruff has Walk and Talk group on Monday and Wednesday at 900-1000. Mr. His attendance during the past month has increased.	<input checked="" type="checkbox"/>		
INTERVENTIONS:	<i>(Describe the clinical activity/treatment modality/therapeutic milieu activity, the provider of the care and where and when the intervention will take place. For each intervention, state at least 1 (one) strength the individual has that will be used by the service provider to help the individual achieve the specific objective.)</i>			
INT #	INTERVENTION DESCRIPTION	ACTIVE TX	DISC. REASON	DISC. DATE
10.1.1.2	Robert Strauss, RT offer Leisure Skills Group, Monday at 1515 - 1605. He will provide Mr. Woodruff with a variety of recreational and leisure activities utilizing his desire to develop a rich repertoire of recreational interests. His enrichment group attendance has increased in the past month.	<input checked="" type="checkbox"/>		

copy

<p>DMH WELLNESS AND RECOVERY PLAN</p> <p>Atascadero State Hospital</p> <p>Page 19 of 21</p> <p>Confidential Patient Information See W&I Code Section 5328 Filing Guidelines - Current WRP</p> <p>See the current WRP Manual for additional information regarding this form.</p>	<p>ADDRESSOGRAPH</p> <p>WRP Status: FINAL</p> <p>NAME: WOODRUFF, DEANDRE</p> <p>INDIVIDUAL ID: 057001-0</p> <p>PROGRAM: IV UNIT: 3</p>
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**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS
FILING FEE AND FINANCIAL INFORMATION FORM**

(Request for Permission to Proceed In Forma Pauperis)

California Victim Compensation and Government Claims Board

P.O. Box 3035

Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.: 43917

I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.

Claimant Information

1	Last name	First Name	MI	2	Tel: _____
3	Claim Number (if known): _____				

Employment Information

4	My occupation: _____			
	My employer: _____			
	Employer's Mailing Address	City	State	Zip
	My spouse's or partner's employer: _____			
	Employer's Mailing Address	City	State	Zip
5	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23 .			
	Inmate Identification Number:	_____		

Financial Information

6	I am receiving financial assistance from one or more of the following programs. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, proceed to step 7 . If yes, check all that apply, then skip to step 24 .			
	<input type="checkbox"/> SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs			
	<input type="checkbox"/> CalWORKS: California Work Opportunity and Responsibility to Kids Act			
	<input type="checkbox"/> Food Stamps			
	<input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA)			
7	Number in my household and my gross monthly household income, if it is the following amount or less:			
	Number	Monthly family income	Number	Monthly family income
	A <input type="checkbox"/> 1	\$969.79	F <input type="checkbox"/> 6	\$2,626.04
	B <input type="checkbox"/> 2	\$1,301.04	G <input type="checkbox"/> 7	\$2,957.29
	C <input type="checkbox"/> 3	\$1,632.29	H <input type="checkbox"/> 8	\$3,288.54
	D <input type="checkbox"/> 4	\$1,963.54	I <input type="checkbox"/>	There are more than 8 people in my family
	E <input type="checkbox"/> 5	\$2,294.79		Add \$331.25 for each additional person.
			Number:	_____ Total Income: _____
	If you checked a box in step 7 A through I, complete steps 9 through 15 . Then skip to step 24 .			
8	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, fill in steps 9 through 24 .			

9	My gross monthly pay is: \$	10	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Number of persons living in my home: 		
12	Other money I get each month		
	Name	Age	Relationship
A			
B			
C			
D			
E			
F			
	Monthly Income		Source:
A	\$	A	\$
B	\$	B	\$
C	\$	C	\$
D	\$	D	\$
E	\$	E	\$
F	\$	F	\$
15	My total gross monthly household income: \$		13
16	My payroll deductions are:		14
A	\$	E	\$
B	\$	F	\$
C	\$	G	\$
D	\$	H	\$
17	My total payroll deduction amount is: \$		
18	My monthly take home pay is \$	19	My net monthly income: \$
20	I own or have interest in the following property:		
A	Cash \$	C	Cars, other vehicles, and boats (List make and year)
B	Checking and savings (List banks):	D	Real estate (List addresses)
1)	\$	1)	Property Value Loan Balance
2)	\$	2)	\$ \$
3)	\$	3)	\$ \$
4)	\$	4)	\$ \$
21	My monthly expenses are:		
A	Rent or house payment \$	J	Installment payments (specify)
B	Food and household supplies \$	1)	\$
C	Utilities and telephone \$	2)	\$
D	Clothing \$	3)	\$
E	Laundry and cleaning \$	Total installment payments: \$	
F	Medical and dental \$	K	Wage assignment or withholdings \$
G	Insurance \$	L	Spousal or child support \$
H	School, child care \$	M	Other:
I	Transportation and auto expenses \$	1)	\$
		2)	\$
		Total other expenses: \$	
22	Total monthly expenses: \$		
23	I have attached other information that supports this application on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature Section

24	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.
	<div style="border: 1px solid black; height: 30px; width: 60%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; width: 40%; margin-bottom: 5px;"></div>
	<div style="display: flex; justify-content: space-between;"> Signature of Claimant Date </div>

6

DIVISION OF DISABILITY DETERMINATION SERVICES**1330 N WASHINGTON #2080****SPOKANE, WA 99201-2341**

509-329-2553 or 1-800-572-5299

Fax: 1-866-478-0546

TTY: 509-329-3822 (TTY)

CASE#: 3073194

20070621600258 V14 (N)



06/21/2007

RE: JOHN S RHINE

20070621600258 V14 (N)

JOHN S RHINE

1300 S KELLOGG

KENNEWICK, WA 99338

This concerns your application for disability benefits, continuing disability benefits, or medical assistance. Additional information is needed to help document your claim. *NEED FOR REABILITATION claim*

Please complete and return the enclosed form(s) to us in the enclosed envelope within fourteen (14) days. Unless we hear from you within 14 days from the date of this letter, it will be necessary to make a decision based on the information in your file. This could result in an unfavorable decision on your claim.

My telephone number is 509-329-2553. Outside the SPOKANE area the toll-free number is 800-572-5299. If you have questions or need additional information, please call me between 8:00 A.M. and 4:00 P.M. weekdays. If I am not available, please leave a recorded message or dial 0 to be redirected for information.

Thank you for your cooperation.

JAMIE DAHLKE,
Disability Adjudicator
Phone No: 509-329-2553

SPOJLD / spojld /

Enclosures: SSA-3373-BK Function Report - Adult
Envelope

D0435

*Mental Health for not being
Allowed Reablation or work occp
And SAYING I have a problem
they Dont understand cause
there is none*

*ARMSTRONG II
Complaint ABOUT pretend
Mental Health III*

PLACE THE BARCODE COVER SHEET ON TOP WHEN RETURNING MAIL

*Complaint ABOUT not recieving
medical-mental care or
further mental Because of
mal Reasoning if no Drug
Treatment
Says mental or parole services
2x*

John Rhine
 Unit 3 AT 57501-9
 ATASKADERO ST HOSP
 P.O. Box 700Y 2 7
 Ataskadero, CA

93423-7001

SANTA BARBARA CA 931 AUG 7 2008



Legal mail

Office of the Clerk US District
 Northern Dist of California
 450 Golden Gate Ave
 SAN FRANCISCO CA 94102

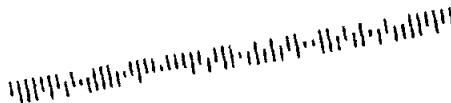
2255 motion
 RECEIVED

AUG 11 2008

U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 SAN FRANCISCO, CALIFORNIA

CR

SS



58945

By Choice Store**Receipt**

3/14/2008 2:02:03 PM



Description	Qty	Price (Points)	Void	Points Voided
OAT MEAL PLAIN	1	50	50	<input type="checkbox"/>
OATMEAL, PLAIN 1PKG	2	100	200	<input type="checkbox"/>
REDUCED CAL BEVERAGE BASE - GRAPE 1PKG	10	25	250	<input type="checkbox"/>

Total Points Spent: 500**057501-9 Balance: 25****Thank you for shopping at the By Choice Store**

**Receipt**

6/21/2008 10:25:26 AM

Description	Qty	Price (Points)	Void	Points Voided
COFFE	6	100	600	<input type="checkbox"/>
HOT COCOA	5	125	625	<input type="checkbox"/>
OAT MEAL PLAIN	2	50	100	<input type="checkbox"/>
OATMEAL, PLAIN 1PKG	5	100	500	<input type="checkbox"/>
SUGAR SWEET BASE BEVERAGE - GRAPE 1PKG	10	50	500	<input type="checkbox"/>

Total Points Spent: 2325**057501-9 Balance: 745****Thank you for shopping at the By Choice Store**

**Receipt**

5/8/2008 12:53:03 PM

Description	Qty	Price (Points)		Void	Points Voided
COFFE	4	100	400	<input type="checkbox"/>	
HOT COCOA, SUGAR FREE	2	100	200	<input type="checkbox"/>	
OAT MEAL PLAIN	2	50	100	<input type="checkbox"/>	
OATMEAL, PLAIN 1PKG	3	100	300	<input type="checkbox"/>	
REDUCED CAL BEVERAGE BASE - GRAPE 1PKG	10	25	250	<input type="checkbox"/>	

Total Points Spent: 1250**057501-9 Balance: 620****Thank you for shopping at the By Choice Store**

URGENT

RETURN IMMEDIATELY

URGENT

FORMS SSA 827

SIGN AND DATE ONLY

Do not complete any other information on the attached 827 forms. The Disability Determination Services in Spokane will complete the rest of the information for you. *DOCTOR REFUSES DOCUMENTATION/ See complaint TO Confirm mental Disability Due to Back Injury*
If you are filing for a child over the age of 12, the child must also sign these *Loss of work Social Depression* forms. The child should sign under "Signature of Witness."

Need SSD Documents
These forms are needed to obtain medical information from doctors, *sent for* hospitals, clinics, etc. The medical information received by using these *Referral* *SSD* authorizations will help determine your disability and its severity.

Parole Driving + mental Refusal to Submit Documents.
Recinded Parole due to no Drug treatment/mental